TESTIMONY

OF

Vietnam Veterans of America

Presented By

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Before the

House and Senate Committee on Veterans' Affairs

Regarding

VVA Legislative Agenda and Policy Initiatives

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Attachment: Puerto Rico Report

Good morning Chairmen Akaka and Filner, Ranking Members Craig and Buyer, and other distinguished members of these committees. It is my privilege today to present to you the thoughts and views of Vietnam Veterans of America (VVA) on the funding priorities and issues that impact veterans and our families. I would request that our written testimony, including a report on conditions that we saw in the commonwealth of Puerto Rico, be submitted for the record.

On behalf of the members and families of Vietnam Veterans of America, I want to thank you for what you do for all of us. Because without your interest and your concern, without the laws you write, without the funding you recommend and push to be appropriated for veterans' affairs, veterans would not be a priority, and many more of us would fall by the wayside, used and discarded.

Indeed, you and your colleagues are to be commended for living up to promises made: Even though government operations are being funded via continuing resolution for the duration of the current fiscal year, funding for veterans' health care is being increased by some $3.6 billion. This is necessary. This is vital. This is the right thing to do.

Of course, without sufficient funding, the needs of veterans will not be met. Without sufficient funding, research projects that illuminate the ravages of toxic exposures, the debilitating effects of Traumatic Brain Injury – a signature wound of the fighting in Iraq and Afghanistan – and the continuing need for improved prosthetic limbs, will not happen. Without sufficient funding, the plight of veterans who sleep in shelters or on air vent grates at night will not be addressed. Without sufficient funding, efforts to recover the remains of America's POW/MIAs will wane. And please note here that the fullest possible accounting of the fate of our POW/MIAs has long been VVA's top priority.

And without sufficient funding – and real leadership – the scandalous conditions recently exposed at Walter Reed Army Medical Center become the norm, not the exception. In the early stages of the fighting in Iraq, Steve Robinson, representing VVA as well as the National Gulf War Resource Center, of which he was executive director, and Jim Pitchford, who served in the Marine Corps and then as a staffer for Senator Kit Bond, exposed similarly deplorable conditions at Fort Stewart, Georgia. There, GIs, mostly reservists, were held in limbo with medical conditions, or profiles, for months on end while awaiting a decision as to their deployment. This was not a surface crack but rather a deep fissure in the foundation of the military's personnel and readiness system.

The conditions at Fort Stewart were echoed at other military bases as well. The reportage on this by Mark Benjamin, then working for United Press International, made a splash, although not a big enough splash to move Congress to really look into conditions and take measures to rectify them. Now, the scandalous situation at Walter Reed, the "crown jewel" of the military's medical machine, have drawn the probing of the press, the ire of the public, and the attention of Congress. As the war in Iraq goes on, with mounting casualties from surreptitious insurgents and little hope for a swift and acceptable denouement, the plight of those who have been wounded both physically and mentally

have taken on added resonance: We are spending billions of dollars every month to wage war, but when our wounded are returned home, their sheer numbers overwhelm the capacity of the military health care system to care for them in a timely manner.

Responsibility for this rests squarely at the foot of the leadership of the Pentagon. The buck stops there. We hope that you in Congress will continue to light a fire under a torpid bureaucracy that will result in real improvements in conditions experienced by our returning wounded. More funding in DoD must be dedicated to ensuring that there is the organizational capacity to move the wounded through the cumbersome processes of Medical Evaluation Boards. There should be no excuses for the delays in processing experienced by too many returnees.

Funding Veterans' Health Care is crucial, too, and is the highest legislative priority of VVA. What is needed is a new mechanism to fund the VA's health care operations, a new method that will ensure VA planners of a predictable, reliable, sufficient, sustainable funding stream. Such an innovation will not diminish congressional oversight, nor will it lead to spiraling costs. (What leads to higher expenditures is twofold: medical inflation and an influx of eligible veterans who choose to use the VA system for their health-care needs.)

More than 7 million of our nation's 25 million veterans are on the VA rolls. Some receive disability compensation for wounds or conditions incurred or exacerbated during or as a result of their military service. More than 5 million use the VA health care system as their provider of choice – or of last resort. Veterans whose income places them below the poverty line have few options; however, they are lucky to be served by a system that provides, for the most part, good to excellent care. Many others, who are so-called higher income veterans, have no medical insurance but are denied access to VA healthcare by the current administration as a matter of policy and by the fact that Congress has not allocated enough resources to take care of all who have earned the right to health care – who were promised health care as a condition of their service. Still other veterans receive care privately but often cannot afford the prescription medications they need; for them, the VA prescription drug service is a godsend. And there are those who choose to avail themselves of the VA health care system because of the quality of care it provides, and they were fortunate enough to get into the system before the administration closed the door to these Priority 8 veterans – more than half a million of them, it has been estimated, since 2003.

It is incumbent upon all of us to work together to continue to improve what is the largest integrated health care system in the country. We must ensure that the VA has the funding it needs to meet its mandate, to fulfill the promise of President Abraham Lincoln "To care for him who shall have borne the battle, and for his widow, and his orphan." To this end, we must work together to fashion a formula to fund the VA's health care operations. So this morning let me challenge you and your colleagues in Congress: Form a bipartisan group to meet, study the issues and options, hold hearings, and recommend legislation

that would fundamentally change the way in which veterans' health care is funded. Then all of us can focus on improving the services provided by the VA.

VVA believes, in concert with The Partnership for Veterans Health Care Budget Reform that a fair funding formula can be arrived at, one that won't bust the budget, one that recognizes our nation's obligations to veterans and is indexed to medical inflation and the per capita use of the VA health care system.

Funding, too, is the bottom line if the VA is to have any chance of succeeding in reducing the backlog of compensation and pension claims awaiting adjudication. More raters who are properly trained and supervised, and who have passed competency-based exams, are needed – many more than Congress has funded in the current budget.

And a better system of triage must be initiated and followed: relatively straightforward cases that are submitted in a standard format should be fast-tracked, and mental health cases should be handled by a specially trained crew of experienced clinical examiners and adjudicated by specially trained and experienced raters.

A revamped funding mechanism for veterans' health care is one of a trio of overarching issues that we believe Congress must address. We know that many of your colleagues are less than enthusiastic about pouring dollars into a system that often cannot account for how this money is spent. There have been repeated instances of hundreds of millions of dollars dedicated to specific purposes, e.g., mental health or hepatitis C, that have been swallowed by VISN budgets with nary a trace, and the VA cannot or will not say what has happened to this taxpayer money.

VVA has long maintained that measures to **ensure accountability** must be built into any system of funding the VA. An infusion of funding alone is a recipe for failure. Controls are needed to convince managers that it is in their best interest to do the job right the first time. Yes, give bonuses to key managers and others whose work shines; but also employ real sanctions when the job is not done right.

We believe, too, that there are tens of thousands of veterans with honorable service who are simply unaware of the benefits and services for which they are eligible. Many chalk up a bout with Type II diabetes or prostate cancer as part of the luck of the draw, or an unfortunate affliction that comes with getting older. These veterans do not know that these conditions are many times more prevalent in in-country Vietnam veterans, and therefore presumptive to exposure to dioxin, and are both treatable and compensable by the VA.

There can be little argument that the VA has both a legal mandate and an ethical responsibility to reach out to *all* veterans to inform them of the benefits to which they are entitled by virtue of their service. Populating kiosks in VA medical centers with booklets and pamphlets is fine, as are the informational shows produced by the VA and viewable in-house at VA medical centers and clinics. But this does not reach either the very poor

who do not use the system or the better off who do not need to avail themselves of the system. An ongoing **outreach campaign**, one that employs billboards and public service announcements and ads in the print media, needs to be conceptualized and implemented as part and parcel of the VA's outreach efforts, which to date have been mediocre and spotty at best.

There is, of course, a solution. Congress should add a provision to the appropriations bill funding the VA that would require the Secretary of Veterans Affairs to establish a separate account for the funding of the outreach activities of the department – and a sub-account for the funding of the outreach activities of each element within the department. Such legislation would assist states in carrying out programs that offer a high probability of improving outreach and assistance to veterans – and to their spouses, children, and parents who may be eligible to receive veterans' benefits.

This morning, though, I would like to propose that Congress embrace an idea that some might consider unnecessary, that others might consider radical. In 1944, led by members who were veterans of the First World War, Congress enacted one of the landmark pieces of legislation in the history of our nation. The **GI Bill** paid for the higher education of those who had served in uniform. This innovative social legislation succeeded in creating a solid middle class who contributed mightily to the prosperity of the nation in the second half of the 20th century.

Two years ago, legislation was introduced that would have established and funded a new GI Bill for the 21st century. That bill went nowhere. In this, the 110th Congress, freshman Senator Jim Webb, who knows of combat and the human landscape of war, has introduced S. 22, which would establish a program of educational assistance for members of the Armed Forces who have served after September 11, 2001, a program that would rival the original GI Bill. His colleague, Senator Blanche Lincoln, introduced S. 644, which would improve educational assistance programs for members of the reserve components of the Armed Forces. In the House, Congressman Vic Snyder has introduced H.R. 1102, companion legislation to S. 644.

VVA strongly supports these initiatives. As Senator Barbara Mikulski, a co-sponsor of both bills, has noted, S. 22 "will give returning troops educational and training benefits that mirror the benefits provided to veterans after World War II - including the costs of college tuition, room and board, and a monthly stipend. Existing law provides only a maximum of $9,000 per year, and requires service members to pay $1,200 during their first year of service in order to even qualify for educational benefits.

"More than 500,000 members of the Guard and Reserve have been making essential contributions to our missions in Afghanistan, Iraq and elsewhere around the world since September 11, 2001, but they are denied educational benefits that are commensurate with their service." We encourages each of you here today to sign on as co-sponsors and make enactment of this legislation a hallmark of your time in office, an initiative you can cite with pride.

We would urge you, too, to adopt underlying principles of much broader legislation that would rival the GI Bill of 1944, to wit:

Caring for veterans is part of the continuing cost of the national defense.

Veterans are entitled to benefits not only by virtue of their service but as a matter of law: They are entitled to receive what they have been promised; the government, on behalf of the American people, is obligated to fulfill its part of the contract.

Foreign nationals who give honorable service and complete their terms of enlistment in a branch of the Armed Forces will receive U.S. citizenship as a matter of course, automatically.

Those agencies of government charged with assisting veterans – the VA, DoD, and the Department of Labor – will work in concert to realize the letter and the spirit of laws as they affect veterans and their families. They must be charged with translating "seamless transition" from the platitude it is today to reality.

To embark on such a legislative journey will take courage, particularly in light of the budgetary constraints placed on all discretionary programs by "pay-go." But we would urge you to remember: We manage to find billions of dollars to deploy troops overseas; we manage to dedicate billions more dollars to rebuilding projects in Iraq and other foreign places. We should be able to find the funding that guarantees an education at an institution of higher learning for those who have donned the uniform to defend the rest of us. The Montgomery GI Bill goes only so far; we believe we need to go a lot further.

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These are the featured items on our legislative agenda. We do have, and present to you, several other items for your consideration and, we would hope, your endorsement.

FY'08 Funding Shortfall Again, we believe the Administration's budget request for the Veterans Health Administration is short, this year by some $6.9 billion. It's time to reopen enrollment into the VA's health care system for Priority 8 veterans who were "temporarily" restricted from enrolling in January 2003. It's also time for the VA to ramp up its mental health programs to meet the all too apparent needs of a new generation of veterans, many of whom have Post-traumatic Stress Disorder and other mental and emotional ramifications from their service in Southwest Asia. By this point in time, when the fighting in Iraq has endured longer than the Second World War, it should be apparent to all that our returning troops have an array of needs that is not being adequately addressed by the system – by either the military or the VA.

We have said this before and we'll say this again: Had the VA's health care budget not been flat-lined for four years just as eligibility reform was opening the system to

hundreds of thousands of deserving veterans, we would be discussing a budget $8- to $10-billion greater than it has been.

ADJUDICATION BACKLOG -The Veterans Benefits Administration seems incapable of unclogging the continuing and growing backlog in the adjudication of claims. Four hundred thousand, 500,000, 600,000 have been cited by VA officials as the number of claims in the system for six months or more. It has been our experience that while some veterans may gripe about what their particular disability if rated at, most complain about the amount of time it takes to get a rating at all. Waits of two and a half years are not uncommon. Yes, the VBA needs more raters than they have and are getting. Just as important, however, is the need to ensure that the new platoon of adjudicators is properly trained, supervised, and, along with their supervisors and managers, held accountable for their work.

FEE-BASIS HEALTH CARE - To get a handle on the $2-$3 billion the VA spends annually for health care from private practitioners, VA honchos have come up with a scheme they've dubbed Project HERO. We have quite serious concerns as to the wisdom of this initiative, which we believe will increase rather than contain health care costs.

When the VA cannot provide the highest quality care, in a timely manner, within a reasonable distance or travel time from a veteran's home, the VA has a duty to provide care via a fee-basis provider of choice for service-disabled veterans. This most assuredly does not mean that the VA should begin to dismantle its network of healthcare facilities and outsource, or privatize, VA services. Yet this is what we fear will be the result of Project HERO, the acronym for Healthcare Effectiveness through Resource Optimization.

"Privatization" is a byword of the current Administration. Just as food services and potable water are provided to our troops in Iraq by private vendors, so, too, are certain fee-basis services local VA health care facilities provide to veterans. These are entirely understandable: There is no reason why a veteran who needs physical therapy has to travel 150 miles to a VA medical center when this can be contracted out in a veteran's home town.

The problem is the VA wants to expand privatization initially in a quartet of VISNs in a pilot project. The eventual goal: Integrate Project HERO in all 21 VISNs. We believe – and VVA does not stand alone on this – there is the very real danger that services integral to treating veterans, major services like oncology and cardiac care will be farmed out. Rather than making a concerted effort to attract top-flight medical personnel, a VAMC will have few constraints if it decides to take the easy path and provide key services on a fee-basis. And a hospital director may be told point blank: You *will* contract a service with a particular vendor.

This threatens the underpinning of the VA health care system. VISNs can find that it is fiscally advantageous in the short term to outsource more and more of their services.

Which can, and we believe will, eventuate in the shuttering of outpatient clinics as well as VA medical centers.

One of the "key features of Project HERO business model," as noted in a VA PowerPoint presentation, is this: "Current cost of fee basis care is escalating and Medicare pricing is not consistently obtained." So Project HERO will come to the rescue "by leveraging market volume [so] VA can assure consistent, competitive pricing." Somehow we don't see much leveraging of physical therapy services in Finesville, however.

In rethinking this scheme, the VA did narrow its parameters a bit, but the explanations for the "revised scope" of the contract requirements are little more than exercises in bureaucratese, e.g., "improve the management of long-term care services for eligible veterans to ensure that veterans receive the best care for the best price." We urge Congress to keep close tabs – very close tabs – on this project.

MILITARY HISTORY - The VA's vaunted electronic health records are indeed a model for the nation, and all veterans benefit from, and should be quite proud, of this achievement. For the VA to become a true "veterans' health care system" instead of a general health care system that happens to be for veterans, a section in these records must be dedicated to a veteran's military history. We cannot state emphatically enough the need for VA clinicians to be encouraged to take a complete military history as a matter of course for all veterans currently in or entering the VA health care system. This must be part of the automated patient treatment record, so that it can be keyed to training, be the basis of clinical reminders based on the veterans' military record, and focus the general mindset of all clinicians at VA toward being a "veteran's health care system."

What is true for VA clinicians is true as well for their counterparts in private practice. A medical professional who knows a patient to be a veteran, and knows that patient's military history, should have a better idea about what that patient may have been exposed to, what emotional traumas were faced that will have ongoing physical and/or mental repercussions.

Part of the problem is that, although the VA has developed a military medical history card, few clinicians even know about it, let alone uses it in their practice.

MILITARY SEXUAL TRAUMA - It has become clear in the last decade that sexual harassment and sexual abuse are far more rampant than what has been and acknowledged by the military. Reported instances of sexual harassment and abuse represent only the tip of the proverbial iceberg. Beyond the actions taken by both the VA and the Department of Defense to address this problem, there is still a long road to travel to change the current atmosphere that conditions victims of sexual abuse to not report abuse to the authorities. We urge Congress to call for a review of the penalties for military sexual trauma under the Uniform Code of Military Justice to determine if the penalties are commensurate with the offenses, and to act to ensure uniform enforcement in all branches of the military.

WOMEN'S HEALTH ISSUES - There are increasing numbers of women veterans of childbearing age. More than 62 percent of all women veterans are under 45, and of women veterans seeking health care from the VA, 56 percent are under 45. Providing for the cost of maternity services but not providing newborn care for a reasonable post-delivery period presents an unfair financial burden to the woman veteran. It could additionally compromise adequate health care for her newborn. VVA seeks legislation to provide contract care, for up to 14 days post-delivery, for infants born to women veterans who receive delivery benefits through the VA and are in need of this extended care.

Congress has re-authorized the mandatory biennial report of the VA Advisory Committee on Women Veterans and its delivery to the Secretary of Veterans Affairs and to Congress. This report, containing substantial recommendations related to women veterans, is compiled over a two-year period. It is then reviewed by the Secretary who provides a response to each of the recommendations. VVA believes this report provides insight and is a valuable resource. However, it is not accomplished in a timely fashion. The 2006 report was delivered to the office of the Secretary in June of last year. We are still waiting, as are you, to review this document.

The duties, responsibilities, advocacy, oversight and reporting of the VA Women Veteran Program Managers, as defined in their handbook, are substantial. As such, it is not difficult to understand why VVA stands with a firm resolve to call for the VA to provide the Women Veteran Program Managers with a minimum of 20 hours per week to accomplish the responsibilities of the position. Further, we believe that each VISN must designate, support, and utilize one of its Medical Center Woman Veteran Program Managers as the VISN Women Veteran Program Manager with the additional time allocated for these increased duties and responsibilities.

Providing care and treatment to women veterans by professional staff that have a proven level of expertise is vital in delivering appropriate and competent gender-specific care. It is not sufficient to simply have training in internal medicine. Women's health care is a specialty recognized by medical schools throughout the country. Providers who have both a knowledge base and training in women's health are able to keep current on health care and its delivery as it relates to gender. In order to maintain proficiency in delivering care and performing procedures, these providers must meet experience standards and maintain an appropriate panel size. This cannot occur if women veterans are lost in the general primary care setting. It is critical that women receive care from a professional who is experienced in women's health. If attention is not given to defining qualified providers, it will be a detriment to the quality of care provided to women veterans.

VVA does, however, feel comprehensive women health care clinics are most desirable where the medical center populations indicate because comprehensive consolidated delivery systems present increased advantage to the patients they serve.

VVA supported VHA's past creation of "Centers of Excellence" for women veterans' health. We believe these should be evaluated for standard compliance and re-established. These Centers of Excellence are an investment in innovative health care delivery specifically addressing the unique needs of women, serving as a model in prevention, education, outreach, and research programs. This emphasis could lead to the creation of VA training fellowships in women's healthcare. These centers could also assist in the recruitment and retention of women healthcare specialists.

VA RESEARCH/NATIONAL VIETNAM VETERANS LONGITUDINAL STUDY (NVVLS) - Research may not reap immediate benefits, but research is critical in finding answers to the unique medical problems of veterans, and treatments that ease pain and save lives. The VA research program results in discoveries that advance the fields of mental and physical rehabilitation, increase research on blast injuries and burns, study means to improve the quality of health care delivery, and continue investigation on addressing chronic diseases and their complications.

VVA urges robust funding for VA research. Anyone who visits one of the VA's poly-trauma centers will see first-hand some of the results of the VA's research efforts. In this realm, VVA also calls for a separate line item of $25 million in Research & Development funds to fund the National Vietnam Veterans Longitudinal Study (NVVLS), with report language compelling the rapid resumption and early completion of this vital study.

VVA believes that the NVVLS, a follow-up to a study done some 20 years ago, must be funded – and the VA compelled to immediately re-initiate this statutorily mandated study and bring it to an early and proper conclusion. The NVVLS represents the last best chance we have of understanding the scope of the health of Vietnam veterans. Line-item funding for this study and strong explicit report language are needed to compel the VA to fulfill its responsibility to comply with the mandate set by Congress in Public Law 106-419, The Veterans' Benefits and Health Care Improvement Act of 2000.

AGENT ORANGE - Far too many in-country Vietnam veterans are afflicted with serious, life-threatening diseases at a relatively young age, diseases that we believe are borne of exposure to Agent Orange and other herbicides, defoliants, and desiccants during their tour of duty in the jungles, rice paddies, and demilitarized zones of Southeast Asia. Congress must provide the funds for study by reputable scientists into the long-term health effects of dioxin. Some of this research must focus on the intergenerational effects of exposure on the children – and on future generations – of Vietnam veterans.

PROJECT 112/SHAD - VVA has been and will continue to work diligently to ensure passage of legislation that would create a Veterans' Right to Know Commission. This had been the focus of a bill in the 109th Congress authored by Reps. Mike Thompson (D-California) and Denny Rehberg (R-Montana). The commission would be empowered to delve into the history and non-disclosure of information to American service members who participated in the testing of chemical and biological substances since the conclusion of World War II, with emphasis on the Project 112/SHAD program.

Many American veterans who served our nation gladly and well are wondering if their health may have been compromised by toxic elements to which they were exposed. Most were exposed unwittingly. The VA acknowledges that *at least* 70,000 service members may have been exposed in tests that go back to the end of World War II. Those still living, and the survivors of those no longer with us, should be provided with the information they need to resolve questions about their health, and to make claims for service-connected disabilities derived from their participation in these tests.

PTSD AND SUBSTANCE ABUSE - Since 2001, some 1.4 million Americans have served in Iraq, Afghanistan, or other locations in the global war on terror, and this country owes them its gratitude. However, over the course of the past several months, investigative reports have documented disturbing problems with the diagnosis and treatment of Post-traumatic Stress Disorder (PTSD) among America's troops. These reports point to the systemic failure of our nation's military and veterans' healthcare systems. As VVA has repeatedly noted time and again, both are overloaded – and have been for some time now.

For example, according to a February 25, 2007 American Psychological Association task force report, many Iraq soldiers, veterans, and their families are not getting needed psychological help because a stressed military's mental health system is overwhelmed and understaffed. The report found that more than three out of 10 soldiers met the criteria for a "mental disorder," but far less than half of those in need sought help. Sometimes that's because of the stigma of having mental health problems. Other times the help simply wasn't available, according to the task force. And there are special difficulties in getting help to National Guard and Reserve troops, who have been used heavily in Iraq, the report said.

Families are particularly at risk. The report noted that 700,000 children have had a parent sent overseas since September 11, 2001, and estimated that 2,733 children have lost a parent killed in Iraq or Afghanistan. The report also cites a 40 percent vacancy rate in active-duty psychologists in the Army and Navy, resources diverted from family counselors and a weak transition for veterans leaving the military.

The Pentagon is now focused on mouse droppings at Walter Reed because that is something they can clean up in hopes that the real, and much more complicated story, will go away. The problem, however, is systemic: soldiers are left unattended in barracks, sharing medications, drinking, and waiting for treatment. Those without families are isolated. And they are up against the largest, most complicated worker compensation claim process in the world, the Medical Evaluation Board process (i.e., the military discharge process). The maze of regulations and paperwork can be excruciating to navigate, and it moves at a glacial pace, often taking months, sometimes years, for a determination to be reached. And then, if they are able to transition over to the VA system, the nightmare starts all over again.

While the president has created a commission to look into these conditions at all military and veterans' hospitals, we are appalled that it has taken as long as it has for any real action to have been initiated. And this is only because of the glare from an investigative series of reports in the *Washington Post*.

We believe the problem is a lot more pervasive than even the recent reportage suggests, certainly for veterans suffering from traumatic brain injuries (TBI). Primary injuries to the brain include concussions which can result in the loss of consciousness and what neurologists used to call "coup-contra-coup" injuries, a term formerly restricted to central nervous injuries resulting from severe blows to the head. Indeed, soldiers walking away from blasts have later discovered that they suffer from memory loss, short attention spans, muddled reasoning, headaches, confusion, anxiety, depression, and irritability.

To date, however, the Pentagon has been unwilling to fund a screening program for returning soldiers for mild brain injuries, arguing that the long-term effect of such injuries needs more research. Still, figures indicate that up to 10 percent of the troops suffer from concussions during their tours, a figure that rises to 20 percent for those in combat units. One thing is clear: subtle TBIs can and do result in PTSD.

At the same time, the VA counts PTSD as the most prevalent mental health malady (and one of the top illnesses overall) to emerge from the wars in Iraq and Afghanistan, but the VA is facing a wave of returning veterans who are struggling with memories of a war where it's hard to distinguish innocent civilians from enemy fighters and where the threat of suicide attacks and roadside bombs hovers over the most routine mission. Moreover, the return of so many veterans from Afghanistan and Iraq is squeezing the VA's ability to treat yesterday's soldiers from Vietnam, Korea, the Cold War, and World War II. Top VA officials have said that the agency is well-equipped to handle any onslaught of mental health issues and that it plans to continue beefing up mental health care and access under the administration's budget proposal released in mid-February.

Yet according to a GAO report issued in November 2006, the VA did not spend all of the extra $300 million budgeted to increase mental health services and failed to keep track of how some of the money was used. The VA launched a plan in 2004 to improve its mental health services for veterans with PTSD and substance-abuse problems. To fill gaps in services, the department added $100 million for mental health initiatives in 2005 and another $200 million in 2006. That money was to be distributed to its regional networks of hospitals, medical centers, and clinics for new services. But the VA fell short of the spending by $12 million in 2005 and about $42 million in fiscal 2006, said the GAO report. It distributed $35 million in 2005 to its 21 health care networks but didn't inform the networks the money was supposed to be used for mental health initiatives. VA medical centers returned $46 million to headquarters because they couldn't spend the money in fiscal 2006.

More troubling, however, the VA cannot determine to what extent about $112 million was spent on mental health services improvements or new services in 2006. In September 2006, the VA said that it had increased funding for mental health services, hired 100 more counselors for the Vet Center program, and was not overwhelmed by the rising demand. That money is only a portion of what VA spends on mental health. The VA planned to spend about $2 billion on mental health services in FY 2006. But the additional spending from existing funds on what the VA dubbed its Mental Health Care Strategic Plan was trumpeted by VA officials as a way to eliminate gaps in mental health services now and services that would be needed in the future.

Furthermore, an investigation by McClatchy Newspapers in early February of this year found that even by its own measures, the VA isn't prepared to give returning veterans the care that could best help them overcome destructive, and sometimes fatal, mental health ailments. For example, the McClatchy report found that VA mental health care is extremely inconsistent and highly variable from state to state and from facility to facility. In some places, there is no mental health care, while at others, veterans may get individual psychotherapy sessions, or in others, they meet mostly for group therapy.

Some veterans are cared for by psychiatrists; others see social workers. Some veterans get in quickly. Others wait. Once they're in the door, some veterans get visits of 75 to 80 minutes, while others get 20- to 30-minute appointments. In other words, the VA's mental health system is nonexistent for many of the veterans it is supposed to be serving.

Lastly, the nature of the combat in Iraq and Afghanistan is putting service members at an increased risk for PTSD. In Iraq, close-quarters urban combat is unpredictable, with a constant risk of roadside bombs. Troops end up feeling out of control of their surroundings, a major risk factor for PTSD. Service members are serving multiple tours, and the intensity of the conflict is constant.

In these wars without fronts, "combat support troops" are just as likely to be affected by the same traumas as infantry personnel. This has particularly important implications for our female soldiers, who now constitute about 16 percent of our active duty fighting force. Returning female OIF and OEF troops face ailments and traumas of other sorts. For example, studies conducted at the Durham, North Carolina Comprehensive Women's Health Center by VA researchers have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD. And according to a Pentagon study released in March 2006, more female soldiers report mental health concerns than their male comrades: 24 percent compared with 19 percent. In addition, roughly 40 percent of these women warriors have musculoskeletal problems that doctors say likely are linked to carrying too-heavy and ill-fitted equipment. A considerable number -- 28 percent -- return with genital and urinary system infections. In addition, there are gender-related societal issues that make transitioning tough.

For example, women are more likely to worry about body image issues, especially if they have visible scars or amputations, and their traditional roles as caregivers in civilian life can set them back when they return. They are the ones who have traditionally had the more nurturing role within our society, not the ones who need nurturing. Although the VA has, after much prodding by Congress, finally come to implement services to women to treat PTSD and other after-effects of military sexual trauma at VA medical centers, there are very few clinicians within the VA who are prepared to treat combat situation-induced PTSD as opposed to MST-induced PTSD. Additionally, there are already cases where returning women service personnel have a combination of the two etiologies, making it extremely difficult for the average clinician to treat, no matter how skilled in treating either combat-incurred PTSD in men, or MST-induced PTSD in women. Because of the number of women who are now *de facto* combat veterans and because of the nature of the conflicts in both Afghanistan and particularly Iraq, VVA believes that we have entered a whole new world of mental health needs for our veterans.

EMPLOYMENT, TRAINING, AND BUSINESS OPPORTUNITIES -VVA will continue to work to ensure that all provisions of executive orders, public laws, and legislation pertaining to the employment, training, and business opportunities for all veterans, and especially for service-disabled veterans, be enforced. State, local, and federal agencies that work diligently to meet the spirit and intent of these provisions should be rewarded; any attempts to weaken the provisions should receive appropriate sanctions.

Federal agencies have been recalcitrant at meeting the 3 percent goal in contracting with veteran-owned and –operated small businesses. And few have managed to meet this goal. Despite the laws and policy initiatives and executive orders, some entities simply ignore the law. The Army Corps of Engineers, for instance, cite 0.5 percent, not 3 percent, as their goal in federal contracts. This flaunts the law.

For the Secretary of Labor to continue to implement the Jobs for Veterans Act as it has been is astonishing. A recent Government Accountability Office report is far too kind to the Department of Labor, which has made no progress in the past three years to put in place a system to gather information to learn if the Jobs for Veterans Act is actually working and meeting the intent of Congress. In fact, the DOL has done nothing of consequence to implement "priority of service" for veterans, particularly disabled veterans and returning service members.

In fact, there is no real national strategy to assist returning veterans, including National Guard and Reservists, who are unemployed or under-employed. Similarly, there is no effective mechanism in place for enforcing veterans' preference, and we have an Administration that appeals a case against a disabled veteran who had finally won his case before the Merit System Protection Board pursuant to The Veterans Employment Opportunities Act of 1998.

It is imperative that re-education and work skills upgrades, including self-employment, should be made a priority by those agencies of government that provide these services, especially considering the battalions of seriously and permanently disabled veterans returning from Afghanistan and Iraq.

And with 60 percent of the federal workforce due to retire by 2012, now is the time to give returning veterans who no longer see the military as their career, or who have served their 20 years, first crack at federal positions. All entities of government have an obligation to give veterans preference in hiring and promotion as the law allows.

Additionally, VVA implores Congress to begin an investigation into the disparities of the Compensated Work Therapy programs in the Veterans Health Administration, which we believe is just not doing the job they were created to do, of creating a bridge to permanent employment.

HOMELESS VETERANS - It continues to be not only a national scandal but a national disgrace that so many men – and, increasingly, women – who have served our nation now do not have a roof over their head, a place to call home. Although there are many reasons that have caused them to become homeless, they deserve our best efforts to help them salvage their lives.

Title VII of Public Law 109-461, The Veterans Benefits, Health Care, and Information Technology Act of 2006, clearly reaffirms the national goal to end chronic homelessness among veterans, as well as its "encouragement that all departments and agencies of the Federal, State, and local governments, quasi-governmental organizations, private and public sector entities, including community-based organizations, faith-based organizations, and individuals, work cooperatively to end chronic homelessness among veterans."

As outlined in PL 109-461, it is the sense of Congress that:

> Homelessness is a significant problem in the veterans community and veterans are disproportionately represented among the homeless population; While many effective programs assist homeless veterans to become productive and self-sufficient members of their communities, all the essential services, assistance, and support that homeless veterans require are not currently provided; Federally funded programs for homeless veterans should be held accountable for achieving clearly defined results; Federal efforts to assist homeless veterans should include prevention of homelessness; Federal efforts regarding homeless veterans should be particularly vigorous where women veterans have minor children in their care; Federal agencies, particularly the Departments of Veterans Affairs, Labor, and Housing and Urban Development, should cooperate more fully to address the problem of homelessness among veterans; and The programs reauthorized by this title provide important housing and services to homeless veterans.

Unfortunately, HUD has repeatedly failed to comply with section 12 of P.L 107-95 authorizing 500 HUD/VASH vouchers in FY03, 1,000 in FY04, 1,500 in FY05, and 2,000 in FY06. HUD acknowledges that these funds have not been requested or appropriated yet insists that housing needs of homeless Americans is one of their top priorities. Again VVA asks, if this is so, then why are they leaving about 5,000 homeless veterans without the most vital resources they need – a safe and secure place to live – by not asking Congress to appropriate these vouchers?

PL 109-461 under Section 710, Rental Assistance Vouchers for Veterans Affairs Supported Housing Program, reauthorizes, 500 vouchers for 2007, 1,000 vouchers for 2008, 1,500 vouchers for 2009, 2,000 vouchers for 2010 and 2,500 vouchers for 2011. These 7,500 vouchers, coupled with the 5,000 previously authorized, would have a measurable impact on ending homelessness among our veterans.

To date, only 1,780 of the initial 5,000 vouchers have been designated. These 1,780 vouchers were earmarked for the chronically mentally ill homeless veterans. Not all homeless veterans, however, suffer "chronic" mental illness.

VA Homeless Grant and Per Diem funding must be considered a payment rather than a reimbursement for expenses, an important change that will enable the community-based organizations that deliver the majority of these services to operate effectively. Per diem dollars received by services centers are not capable of supporting the "special needs" of the veterans seeking assistance. These service centers are unique and indispensable in the VA process. In many cases they are the front and first exposure to the VA and VA Homeless Grant and Per Diem programs. Veteran specific service centers are vital in that most city and municipality social services do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care and entitlements of veterans. Additionally, since many local municipalities have removed "supportive services" from their HUD Continuums of Care, providing staffing dollars through the VA Homeless Grant and Per Diem program, similar to the Special Needs Grant process, to those agencies operating service centers, would augment the loss of HUD funding necessary to continue to provide these vital services. Without consideration of staffing grants, the result could be the demise of these critical services centers. The VA acknowledges this problem exists. It is yet to be specifically identified how many awarded services center grantees have been affected by either the inability to establish these centers or retain operation because of this very funding issue.

COMPENSATION AND PENSION - To promote uniform claims decisions, current policy must be changed to permit VA staff and VSO service representatives to collaborate in developing uniform training materials, programs, and competency-based re-certification exams.

VVA also seeks to secure a pension for Gold Star parents, many of whom are in dire financial straits and have lost the son or daughter who might have been able to assist them in their old age.

For currently deployed or soon-to-be deployed troops, VVA believes that greater financial protections are warranted for their security and the security of their loved ones. For the survivors of those who die in military service, we seek a permanent prohibition of offsets of Survivor's Benefit Plan and Dependency & Indemnity Compensation.

Finally, a change in the law is necessary to permit service members wounded in combat and placed on temporary disability status to be considered as remaining on active duty for the purpose of computing leave and retirement benefits.

POW/MIA -The fullest possible accounting of the fate of American service members who had been Prisoners of War or who had been declared Missing in Action has long been a keynote of Vietnam Veterans of America. To further VVA's long-standing efforts in this regard, we urge Congress to appropriate additional funds to put more teams on the ground to conduct searches for remains in Vietnam, Laos, and Cambodia.

VVA also urges that all documents relevant to the status of POW/MIAs be declassified and released to the public; and we ask Congress to pass a resolution urging the government of Vietnam to provide all relevant wartime records and to continue to repatriate the remains of American service members that have been recovered.

Finally, we seek funding for a public awareness program to inform all the families of those still listed as POW/MIA of the need to provide DNA family reference samples for potential identification of recovered remains.

To lose a son or daughter, father or sister or mother or brother is difficult enough for families to deal with. To not know the fate of their loved ones places these families in emotional limbo. We must do all that we can to bring closure to them. And to all of us.

Mr. Chairmen, Ranking members and distinguish members of the House and Senate Veterans' Affairs committee that concludes the testimony of Vietnam Veterans of America. I will be more than happy to answer any questions you may have.

VIETNAM VETERANS OF AMERICA
Funding Statement
March 8, 2007

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:
Executive Director of Policy and Government Affairs
Vietnam Veterans of America
(301) 585-4000, extension 127

House Veterans Affairs Committee

Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires witnesses to disclose to the Committee the following information.

Your Name, Business Address, and Telephone Number:

John Rowan
National President
Vietnam Veterans of America
8605 Cameron Street
Suit 400
Silver Spring, MD 20910
(301) 585-4000

1. On whose behalf are you testifying? **Vietnam Veterans of America**

If you are testifying on behalf of yourself or on behalf of an institution <u>other</u> than a federal agency, or a state, local or tribal government, please proceed to question #2. Otherwise, please sign and return form.

2. Have you or any entity you represent received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2004? Yes (No)

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the entity you represent.

Signature: 

John Rowan
National President Date: 3/7/07

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.

JOHN ROWAN

John Rowan was elected National President of Vietnam Veterans of America at VVA's Twelfth National Convention in Reno, Nevada, in August 2005.

John enlisted in the U.S. Air Force in 1965, two years after graduating from high school in Queens, New York. He went to language school, where he learned Indonesian and Vietnamese. He served with the Air Force's 6990 Security Squadron in Vietnam and at Kadena Air Base in Okinawa helping to direct bombing missions.

After his honorable discharge, John began college in 1969. He received a BA in political science from Queens College and a Masters in urban affairs at Hunter College. Following his graduation from Queens College, John worked in the district office of Rep. Ben Rosenthal for two years. He then worked as an investigator for the New York City Council and recently retired from his job as an investigator with the New York City Comptroller's office.

Prior to his election as VVA's National President, John served as a VVA veterans' service representative in New York City. John has been one of the most active and influential members of VVA since the organization was founded in 1978. He was a founding member and the first president of VVA Chapter 32 in Queens. He served as the chairman of VVA's Conference of State Council Presidents for three terms on the national Board of Directors, and as president of VVA's New York State Council.

He lives in Middle Village, New York, with his wife, Mariann.

Report from Puerto Rico:

Pride, Problems, & Promises

By John Rowan

VVA National President

February 2007

(PLACE PHOTO HERE)

In December 2006, VVA National President John Rowan spoke with and listened to VVA members in Puerto Rico and went on an unannounced fact-finding tour of VA facilities there. This is what he found.

At the behest of VVA's Puerto Rico State Council President Jorge Pedroza, I visited the island commonwealth in early December on a fact-finding mission. I wanted to hear first-hand about the issues and problems our VVA members were reporting there. I wanted to seek answers to some key questions, specifically: Is the VA medical center that serves the 200,000 veterans who live on the island and on neighboring U.S. Virgin Islands adequate? Will the national cemetery in Bayamon run out of burial space before new land is designated and prepped to expand its capacity?

Francisco Muniz, who is Secretary for VVA's New York State Council, joined me on this mission. He is a native of Puerto Rico who has lived on Long Island with his family for many years. One of the first things we did was to drop by the VA medical center, which is located in a very crowded hospital complex in a highly developed area of San Juan. It became quickly apparent that there is a dearth of parking at this aging facility. This, we would be told over and over again, is a nightmare for most drivers who arrive for treatment or an appointment any time after dawn.

Walking through the corridors, we passed Room D-1115, the Veterans Support Center. This was "closed until further notice," a sign on the door announced. But "further notice never comes," said Juan Heredia, Francisco's *compadre* (they had served in Vietnam together) and our "guide" around the medical center. This seemed emblematic of the "empty promises" made by VA officials to veterans: While problems fester, any change for the better seems glacial.

We went up to the hospital director's third floor office. I must say it was the dumpiest director's office I've ever seen. Dr. Sandra Gracia-Lopez, the chief of staff and acting director, was welcoming and gracious, in stark contrast to her working environment. She was open to responding to our queries.

Dr. Gracia-Lopez noted that the VAMC serves 66,000 unique patients a year, who make some 700,000 visits. She acknowledged deficiencies in service. The physical plant, she said, needs a lot of work – "several building projects are going on and being planned," she said, although funding is a perennial question mark – but because "we don't have any more land," parking will continue to be a problem. The parking situation has caused some hospital employees "to come very early and sleep in their cars" before reporting for work, she added. Because public transportation is "limited and unreliable," she said, "most patients travel by private vehicle."

Parking difficulties did not suddenly emerge. Parking has been a long-standing problem. Lack of parking often causes missed appointments, which only exacerbates the problem of missed appointments and delays in rescheduling. Although the plan is to rebuild the medical center in stages, this is not optimal. Parking will be even more disrupted, and even if a spanking new facility is built, parking will undoubtedly remain a major problem.

This problem is not simply an inconvenience. Some veterans, we were told, have to leave their homes on the island well before dawn. And if a handicapped veteran is lucky enough to get parking in the designated lot, (s)he still has to walk or push his wheelchair up a ramp to get to the hospital proper.

Dr. Gracia-Lopez noted that four outpatient clinics help serve the island's veteran population. The 10,000 or so veterans on neighboring St. Thomas, St. Croix, and St. John, which comprise the U.S. Virgin Islands, have to depend on outpatient care; in emergencies and for necessary specialist care, they are transported to the VAMC in San Juan. This is hardly an ideal situation. Nor is this a new situation: a 1999 report by the VA's Advisory Committee on Minority Veterans noted the paucity of outreach to Virgin Island veterans by the San Juan VAMC as well as the continued understaffing, especially of support staff, and lack of training and inadequate support for the Virgin Island healthcare staffs by the VAMC.

(PLACE PHOTO HERE)

VVA National President John Rowan and Puerto Rico President Jorge Pedroza address VVA members and families after presenting a wreathe at the war monument in San Juan.

In my remarks at a gathering of VVA members in a federal building a stone's throw from the war memorial in San Juan, where we laid a wreathe in a solemn and moving ceremony, I reported what we had seen and heard. I told them that Vietnam veterans are getting sicker and dying younger of ailments that derive from our experiences in Southeast Asia. I took the VA to task for its inability and/or unwillingness to reach out to veterans, and their families, and inform them of the benefits to which they are entitled by virtue of their service.

I told them, too, that the bottom line is money. The VA cannot give veterans their just rewards if it doesn't have the funding it needs. And it is this issue, above all others, that is, as it has been for the past several years, VVA's highest legislative priority: reforming the current discretionary method of funding to ensure the VA of a reliable, predictable, sufficient, and sustainable funding stream.

(PLACE PHOTO ABOVE HERE)

Rowan told VVA members what he had seen at the VAMC.

Mostly, though, he listened to their queries and complaints.

And I heard a lot from our members. During our tour of the VAMC, there appeared to be few resources for treatment for Post-traumatic Stress Disorder. Now, this complaint is hardly new. Back in 1999, the report of the VA's Advisory Committee on Minority Veterans noted the lack of an inpatient PTSD capacity at the VAMC in San Juan. That report also noted the need for additional long-term care beds in the spinal cord injury unit.

And we were told that acknowledgment of this condition by hospital staff is grudging at best. We were told that veterans are not paid their correct mileage reimbursement, nor are they given a receipt, for travel to and from the medical center. Again, this hardly is a new complaint: Back in 1999, veterans reported

under-funded travel budgets for patients requiring care for service-connected medical conditions. We were told, too, that some of our members have claims for disability compensation pending for upwards of five years, although in fairness, this is a complaint heard in just about every VA regional office across the country. We were told that getting American flags for funerals was a dicey proposition. These are but a sampling of issues both aggravating and potentially dangerous that impact the lives and the health care accorded veterans of the island commonwealth.

A visit to the island's national cemetery the next day was revealing. While waiting to speak with Arleen Vincenty, assistant director of the facility, we had to duck the drips from leaks in the ceiling of the administration building, which has

(PLACE PHOTO ABOVE HERE)

At the national cemetery in Bayamon, fresh burial space is running out, and time is tight.

long been in dire need of repair. When we did sit down with Ms. Vincenty, she acknowledged that, yes; officials should have been looking to expand the cemetery ten years ago. But past is prologue, and they are planning to expand the capacity of the cemetery, which sees dozens of burials of veterans and their spouses every week, in part through the construction of a columbarium and in part, if the efforts of the VA Central Office are successful, at a second cemetery site.

A 2005 report of the Advisory Committee on Minority Veterans warned that the existing national cemetery will have to cease burial operations by 2010 because of lack of space. A columbarium certainly will be an asset, but it seems to us that what is needed is a second cemetery to serve the needs of the veterans and their families.

To deal with, to ameliorate the problems encountered by our brother and sister veterans in Puerto Rico, we must find champions in Congress. I promised that VVA will reach out to the Hispanic caucus in Congress. I told them that we would work to ensure that the leaders in the House and Senate Veterans' Affairs Committees are aware of the situation in Puerto Rico and ask for their assistance in resolving these deficiencies. It was obvious to me that, while these men and women are proud of their service, they are anguished at what they believe to be unfulfilled promises. And VVA will not allow the VA to ignore the plight of these veterans, for they are us.

* * *

At the end of December, Congress passed Public Law 109-461. Section 821 tasks the VA Secretary with reporting on options for medical facility improvements at the San Juan VAMC.

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report identifying and outlining the various options available to the Department of Veterans Affairs for replacing the current Department of Veterans Affairs Medical Center, San Juan, Puerto Rico. The report shall not affect current contracts at the current site, and the report shall include the following: (1) The feasibility of entering into a partnership with a Federal, Commonwealth, or local governmental agency, or a suitable non-profit organization, for the construction and operation of a new facility. (2) The medical, legal, and financial implications of each of the options identified, including recommendations regarding any statutory changes necessary for the Department to carry out any of the options identified. (3) A detailed cost-benefit analysis of each of the options identified. (4) Estimates regarding the length of time and associated costs needed to complete such a facility under each of the options identified.

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